Required Plan Element or Benefit to qualify as Comparable Coverage: | Your Plan |
---|---|
Required services (as listed below) must be provided at a location within a reasonable distance of the greater Boston area. Health plans with a closed network of providers and accessible for only emergency services, such as out-of-area HMOs, EPOs or Medicaid products generally are not acceptable. |  |
No lifetime dollar limit on coverage. |  |
A United States based company (unless student is studying outside the US). |  |
Preventive care coverage without co-insurance. |  |
Primary care coverage. |  |
Emergency room coverage. |  |
Coverage for surgery (in hospital and out-patient). |  |
Coverage for hospital stays. |  |
Coverage for outpatient medical visits (ex. Specialist visits). |  |
Coverage for outpatient mental health visits (ex. Counseling or Psychiatry visits) including substance abuse. |  |
Coverage for mental health hospitalization. |  |
Coverage for prescription drugs. |  |